

A Procedure for the Selection of Nonprofessional Workers

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NEW STRATEGIES are needed to provide more economical health, education, and welfare services and to assist professional staffs in meeting the increased demand for these services. One solution, being tried by many agencies, is to use unskilled persons from poverty areas to

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perform more economically some of the tasks that are usually the responsibility of the professional staff, thus freeing them for more specialized work.

Despite his or her apparent suitability, it is not easy to select neighborhood workers capable of functioning both as a liaison between the community and the professional staff and also as a skilled technician. Levinson and Schiller (1) point out the danger to the potential client of selecting workers from poverty areas whose attitudes are pessimistic. Reissman (2) suggested that one of the most ignored pitfalls in selection is the stereotyped assumption by professionals that nonprofessionals identify with the poor and possess great warmth and feeling for them. While many nonprofessionals do identify with the poor, it is also true that many see themselves as being different from their neighbors and actually have negative attitudes toward them.

Reissman (2) reported that in 1967 there were more than

100,000 people in the United States employed as nonprofessionals in community action positions. During the initial years of hiring and training unskilled workers for these new careers, many frustrations have resulted from the overriding goal of providing jobs for needy people with too little regard for the needs and abilities of those selected. Not enough attention has been given to the meaningfulness of the work for the applicant, and there has been an absence of career steps for better qualified applicants.

On the other hand, applicants were frequently selected who did not have the personality qualities or learning potential to be successful. Consequently, the rate at which many nonprofessional employees have resigned or were dismissed approached 100 percent a year in many localities. In addition, many of those who remained on the job functioned poorly because they were disenchanting or dissatisfied with the type of work they were doing.

These experiences pointed out the need for a designed selection and orientation procedure to avoid creating an additional failure experience for persons who already have a history of work frustration. We also need to prevent the professional staff responsible for training the nonprofessional aides, as well as persons the potential employee may serve, from becoming frustrated.

Purpose

To avoid some of the previously mentioned difficulties, we developed a selection procedure to increase the probability of job success in terms of performance and work longevity for the indigenous applicant. The objective of this paper is to describe this method, how it was developed, and how it was used to select persons from poverty areas for new careers. With slight modifications, these procedures can be adapted by those wishing to select residents of the neighborhood with limited education and experience who will have the ability to be successful nonprofessional aides and community representatives. (Copies of the manual of selection procedures can be obtained for about \$2.50 from the authors.)

The procedure we describe was developed to select women from a poverty area to enter the neighborhood aide training program of the Neighborhood Health Program, Denver Department of Health and Hospitals. Specifically, positions were open for trainees who would screen children of preschool age for health problems pertaining to their development, and hearing, speech, and eye function.

The process was designed to permit evaluation of personal factors which had been pre-

viously associated with failure on the job. Previous failures seemed associated with (a) insufficient knowledge about the work requirements, (b) lack of interest and motivation for working with the poverty population, (c) a lack of basic knowledge of English, reading, and arithmetic required to master the training materials or to communicate with clients, and (d) disruptive home situations, overwhelming family or personal health problems, and problems with interpersonal relationships.

Design

To remedy some of these problems, a procedure was designed to include (a) an orientation to the work, (b) a structured group interview to evaluate motivation and capability for working with a poverty population, (c) group tests to establish whether applicants had the prerequisite skills needed for communication and training, and (d) a structured individual interview to evaluate personal factors related to work stability.

The orientation included a demonstration of the procedures to be learned together with a complete discussion of all aspects of the work including benefits and responsibilities. In addition, we felt that the purpose and content of the selection procedure should also be explained to the applicants. When it is anticipated that the number of qualified applicants will exceed the number of positions available, this point should be mentioned to applicants.

The structured group interview was designed to evaluate each applicant's motivation and capability to work with poor people. Specifically, we included topics to evaluate her ability to communi-

cate with her peers, her knowledge and feelings about her community, and her ability to arrive at solutions to the types of problems typically encountered on the job. The group interviews, planned to last about 30 minutes, were led by the project coordinator and participated in by three staff members who were responsible for training or orientation, or both.

The group interview, with four to eight applicants at a time, included preselected community and work related topics. The role of the interviewer was designed to encourage responses from each applicant and to establish the interchange of communication between applicants.

The job description and proposed training program were evaluated to determine which prerequisite entry level abilities were essential for job success. We determined that a battery of standardized measures would be administered to all applicants expressing a desire to complete the selection procedure. The battery included a group intelligence test that measured vocabulary and reasoning ability, and achievement tests that measured reading and arithmetic ability. These tests, which took about 30 minutes to administer, were used to insure that those selected would be capable of reading training manuals, maintaining medical records, and calculating the ages of children.

Finally, a structured interview for each applicant was planned in which a variety of factors which had been previously shown to be related to poor work adjustment were evaluated. A part of the individual interview was also designed to evaluate community participation and ability to manage work-related problems.

Interview Questions and Rating Method

Family responsibility and health

How many children do you have?
How old are they?
What arrangements will be made for taking care of them while you are working?
Who is in the family?
What does your husband do?
How do you and your husband get along? (If appropriate.)
Who would take care of a person who becomes ill in your household?
Do any members of your household have any chronic illness or require more than an average amount of medical care?
How often during the last year did you have to stay home to care for a member of your household because of illness or to transport a member to a clinic or hospital?

Estimate the general physical health of the household and the degree of responsibility of the applicant for the care of the ill. Ratings should reflect the amount of absenteeism one might expect from the applicant because of health problems in the family and family responsibility.

Interviewer's ratings on marital stability and provisions for family responsibilities

Very poor. Family in poor health and applicant has great responsibility
Below average. Greater than usual amount of absenteeism expected
Average. Health and responsibility not expected to be a problem
Above average. Few ailments and/or few family responsibilities
Excellent all around condition

Fourteen factors were considered in the individual interview.

Appearance
Motivation
Work background
Work stability
Education
Health
Family responsibility and family health
Relationship and experience with children
Sensitivity and emotion
Community interest
Self-concept and interpersonal relationships
General impression
Need for a job
Individual sensitivity

A sample of the questions asked in the individual interview and the rating method are shown in the box.

The interviews were to last a maximum of 45 minutes and included all applicants willing to participate regardless of prior test results or impressions. We believed that all applicants would benefit from the experience of an interview; furthermore, information gained from the interview was to be used by the community placement counselor in future placement and counseling of those not accepted into this program.

Application of Procedures

Applicants for the aide positions in the neighborhood health program were required to live in the vicinity of the health center

where they sought employment and to meet the financial need qualifications for treatment at one of these centers. Applicants for general aide positions, responding to local announcements regarding the availability of various positions, applied to the community employment counselor at the health center.

Of 15 applicants, all expressed a desire to complete the selection procedure. During the individual interview, however, some applicants expressed a greater interest in other types of work which were occasionally available at the center. It appeared that the availability of a job interview was of greater imminent importance than the type of work involved.

A brief preselection interview and a more complete description of the nature of the work and the skills required at the time of initial application might have reduced the number of persons required to complete the selection procedures.

After all the procedures had been administered, impressions and test results were scored. Each factor considered in the individual and group interview was rated on a five-point descriptive scale, and the impressions converted into numerical scores for each factor. Good interobserver agreement was obtained for all applicants rated. A total score corresponding to the mean descriptive rating of good was established as the minimum rating necessary for selection.

The intelligence test scores were converted into descriptive levels of functioning ability, and the achievement scores indicated the grade level at which the applicant was functioning. The minimum level of functioning required for selection was consistent with the level at which the

training manuals they would use were written and with the projected rate of instruction.

Applicants who did not have seventh grade reading and arithmetic skills were not accepted for employment. Applicants were not accepted who were retarded or who functioned near the borderline level of retardation on the intelligence scale; however, bright persons were not necessarily given preferential consideration. These decisions are supported in the work of Yerburg and co-workers (3) and Barron and Donahue (4). These authors noted that aides with borderline intelligence or less tend to perform unsatisfactorily, although bright persons do not necessarily perform better than those of average intelligence.

The primary goal of the selection procedure was to choose persons who possessed all the qualities believed to be important and relevant for the position. Of 15 applicants, eight met the standards established for the interviews and standardized tests given. The selection committee determined which of the applicants meeting the minimum criteria would be selected.

Applicants with a mean rating of very good or outstanding on the interview factors were given preference. Preferential consideration was also given to applicants bilingual in Spanish and English who were to be selected to work with a Spanish speaking population. Those who were unemployed or for whom the position

represented the greatest increment in salary or job skill were also given special consideration. Estimates of the applicant's motivation in seeking the particular type of work played a major role in final selection. All those selected were either unemployed or working as unskilled manual laborers.

Results

In the initial application of the selection procedure, five of 15 applicants, all members of minority groups who lived in the neighborhood which they would serve, were accepted. Of those not selected, a few were uninterested in the type of work which was demonstrated in the preselection orientation. Two applicants were functionally illiterate; one tested at a retarded level. Some persons rejected seemed incapable of relating to the population they would serve or had extensive personal difficulties.

The applicants selected were women between 21 and 40 years of age who had children. Only two were employed at the time of the interview. All had had several different types of jobs, primarily as unskilled industrial workers or field laborers. The women's educational backgrounds varied from ninth grade through high school level. Several of those selected were active in community service.

The training of those chosen using these procedures was completed within 5 weeks, which was less than half the time required

by the previous trainees. All trainees demonstrated satisfactorily a high level of proficiency in screening children when their performance was evaluated during the week following training. All employees selected using the procedures described have been with the program for 18 months and are still employed. The success of our selections is demonstrated when compared with the turnover rate of 50 percent we experienced during previous years.

All persons chosen using this procedure have received excellent or good evaluation ratings from supervisors and have been promoted to career status. Although none of the technicians selected by using these procedures had as much seniority or experience as the technicians previously selected, the two promoted to supervisory positions were those who had high ratings in our initial selection screening.

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